

ADMISSION FOR TREATMENT



KENNEL No.		TREATMENT No. H1092	
Date in	28/7/25	Time in	14:34
		Date released	

DESCRIPTION	☒ Dog	Cat	Other (Specify)	Microchip or ID Tag number	Tan	
	Breed	Tosa-Inu		Colour and Markings	Tan	
	Condition	Pregnant		Male ☐ Female ☒	Age	
	Temperament	Aggressive	Vaccination details	Sterilisation details	N	
	Coat	Short	Tail	Long	Ears	up/floppy
					Pet Name	Little
					Size	Large
					Teeth Condition	

Reason for visit or treatment: Sterilization - Spay - Heavily Pregnant

Owners Full Name: Dineo Mavuso

ID number

Residential Address: 231 Walter Sguly Crescent, Lotus Gardens, Pretoria.

Tel (H)

Tel (W) 082 401 1166

Cell 078 456 0603

Email

TERMS & CONDITIONS FOR TREATMENT

I verify that I am the owner of the above animal, and hereby authorise, understand and agree that:

1. Animals are admitted at the owner own risk and, while the Society uses the most efficient known treatment and treat each animal with the greatest possible care and attention, neither the Society, its officer/s or veterinarian/s will be liable for any resulting loss or damage from such admission.
2. I accept the fact that if my animal has not been vaccinated against common diseases that there is the risk that the animal may contract such diseases while in our care and that the Society cannot be held responsible.
3. All animals treated by the SPCA must be sterilised. I hereby consent to the sterilisation of the above animal.
4. If in the opinion of a veterinarian an animal presented for admission is so diseased, severely injured or in such a physical condition that it should be euthanised for humane reasons, the Society shall have the right to effect such euthanasia by approved humane methods.
5. I will collect the animal, or make arrangements with the Society to get the animal home within 48 days of being told by the Society that the animal can go home. If I do not collect the animal within the time stated by the Society, the animal will become the property of the Society and I will have no claim whatsoever against the Society.
6. Should a decision on specific treatment be required due to the cost thereof, only 24 hours will be permitted. Thereafter a decision will be made in the best interest of the animal, and in terms of Section 5 of the Animals Protection Act 71 of 1962. Please note that euthanasia is considered a form of treatment.
7. Any charges endorsed herein are due and payable on demand.
8. I indemnify the Society, its employees, Veterinarian for any loss, damage, disease, injury or death of the above animal, from what-so-ever cause.

Signature

P. Mavuso

Witness for Society

M. Mavuso

The SPCA is not a registered credit provider and therefore does not offer an account facility. Full payment is required at the time of discharge of your animal. Provisional costs estimates will be provided before the animal is admitted. A 50% deposit is payable at the time of admission, deductible from final amount payable.

Total cost of treatment	R 1500.00	Cash	Card	☒ EFT	(Receipt No.) 44629
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EUTHANASIA

Bottle No.	Quantity used	AWA/Vet
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CLAIMING

I declare that my animal has been returned to me in a healthy and acceptable state.

Date	Time	Signature	Witness for Society
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OUTCOME: CLAIMED ☐ EUTHANASED ☐ DIED ☐ OTHER _____ DATE _____

CLINICAL EXAMINATION ON ADMISSION	
Weight 30.6 kg	Temperature 38.2 °C
Habitus 4/4	Locomotion/Musculoskeletal Normal
Genital Not Done	Skin OK
Mucous Membranes pink	Eyes OK
Buccal Cavity No	Ears OK
Cardio-Vascular System Normal	Respiratory System Normal

<u>Diagnosis</u>

TREATMENT RECORD

[illegible]

LEGEND: T = Temperature, A = Appetite, U = Urine, F = Faeces, H (Habitus) = Behaviour



MIDRAND

NAME AND SURNAME: Dineo mavuso DATE: 29/07/2025

POST OPERATIVE CARE AND STERILISATION / CASTRATION

What to expect:

- The combined effects of the pre-medication and the anaesthetic may last up to 24 hours. Your pet may be drowsy, disorientated and/or unsteady on its feet and may be nauseous. Some animals develop a combined effect of the pre-medication and anaesthetics.
- Your pet may cough slightly for a day or two post the operation due to the passing of an endotracheal tube during surgery.

PLEASE DO NOT SELF MEDICATE YOUR PET WITH PAIN KILLING MEDICATION AS THIS CAN HAVE SERIOUS OR FATAL SIDE EFFECTS

- Please keep your pet quiet and confined to a room for at least 2 days and place him/her on a soft bed at ground level.
- If a female dog is in season when sterilised, she will remain in season for at least a week. Please keep her in doors, securely away from male dogs until the sutures are removed (10 days from day of operation) – should a male try and mate with her it will cause serious internal injuries.
- If suckling young – **DO NOT ALLOW BABIES TO SUCKLE** – until the following morning. If babies are old enough to wean (5-6 weeks for puppies. 6 – 8 weeks for kittens), wean them before surgery if possible.
- Offer your pet a small meal after the operation, should they however not want to eat do not be concerned. Water must always be available
- **Please do not attempt to clean the area of operation.**
- Stitches are to be removed 10 days after the operation (except for male cats) on: 08/08/2025
- A small amount of swelling at the surgical site is normal. **Please call us** if there is a lot of swelling or redness at the site or if the wound oozes or bleeds. If your pet constantly licks or chews at it – **PLEASE ENSURE THAT YOU GET YOUR PET A BUSTER COLLAR** – so that the operation area does not get infected.
- Male cats do not have stitches but do check for excessive swelling.
- Your pet should be back to its normal self within 2 days, however rough handling or exercise should be avoided for longer.

PLEASE DO NOT BATH OR DIP YOUR PET UNTIL THE STITCHES HAVE BEEN REMOVED

SHOULD YOU HAVE ANY CONCERNS PLEASE CONTACT THE MIDRAND SPCA ON 0112659935
DURING OFFICE HOURS OR 0834411564/5 AFTER HOURS

Adoptee Signature


Witness for Society



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ADMISSION FOR TREATMENT



KENNEL No.		TREATMENT No. H1093	
Date in	28/1/25	Time in	15:00
		Date released	

DESCRIPTION	Dog	<u>Cat</u>	Other (Specify)	Microchip or ID Tag number	NA
	Breed	DSH		Colour and Markings	Calico
	Condition	Fair, Suspect Pregnant		Male ☒ Female ☐	Age 7M
	Temperament	Good	Vaccination details	Sterilisation details	NO
	Coat	Short	Tail	Long	Ears
				Size	Small Medium
				Teeth Condition	OK

Reason for visit or treatment: Sterilization - Spray +

Owners Full Name	Vernon Ramiah	ID number	8002245201080
Residential Address	4127 Uvanile Street, Cosmoedale		
Tel (H)	Tel (W)	Cell 072 883 5520	
Email			

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Signature

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Total cost of treatment	R 850.00	Cash	Card	☒ EFT	(Receipt No.) 44626
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EUTHANASIA

Bottle No.	Quantity used	AWA/Vet
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CLAIMING

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Date	Time	Signature	Witness for Society
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OUTCOME: CLAIMED ☐ EUTHANASED ☐ DIED ☐ OTHER _____ DATE _____

